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# The Role of Songs in Music Therapy with Adults who have Developmental Disabilities

Gregory Razzano

This research was completed as part of the degree requirements for the [Music Therapy](#) Department at Molloy College.

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THE ROLE OF SONGS IN MUSIC THERAPY WITH  
ADULTS WHO HAVE DEVELOPMENTAL DISABILITIES

A THESIS

Submitted in partial fulfillment of the requirements

For the degree of Master of Science

In Music Therapy

by

Gregory Razzano

Molloy College

Rockville Centre, NY

2015

MOLLOY COLLEGE

The Role of Songs in Music Therapy with  
Adults who have Developmental Disabilities

by

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Molloy College

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### **Abstract**

The purpose of this phenomenological study was to conduct a holistic investigation into the role of songs in music therapy in the lives of adults who have developmental disabilities. Four music therapists with experience with this population participated in open-ended interviews about the role of songs with their clients. McFerran and Grocke's (2007) method of qualitative interview analysis was used to find the individual and collective essences of the participants' experiences. Four global themes were associated with the role of songs in relation to clients: developing familiarity and attachment; receiving safety and stability; bringing out the able, engaged individual; and joining the interpersonal, collective world. Implications for developmental music therapy with this population are discussed.

**Keywords:** song, developmental disabilities, developmental music therapy

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Suzy: far be it from these few lines to express my gratitude. The voice you hear as you read this thesis, and the clinician that I have grown to be, is inseparable from your multifaceted care and cultivation.

To the participants in this project: I humbly present the fruits of your generosity, and hope that you find meaning in the synthesis of the experiences you shared. The mere hour we spent together (as well as the time you spent replying to emails!) played a crucial role in this work and in my growing music therapy career. Thank you.

Thank you, Molloy classmates, for your consistent camaraderie, and professors, including Michael Viega, you were instrumental in planting the seeds for this thesis.

Mom, it's Mother's Day as I write this! You're awesome. You and Dad instilled me with the faith and love that have followed me through every waking moment. Thank you for being there to talk, and in so many ways throughout this time.

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Finally, to Margo and Watson: Meow.

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## **Background**

Since I started working with people with developmental disabilities, the medium of song has played a significant role in whatever service capacity I have performed. In my experience, songs have the power to arouse awareness, stir controversy among family members, and help individuals transcend their disabilities. Songs seem indiscriminate in their ability to reach people, regardless of ability level. In my own life, songs have sung me to sleep, given me the courage to ask someone out on a date, and allowed me to express feelings I never felt comfortable expressing any other way. The following two vignettes portray experiences with the evocative potential of song and influenced my choice of topic for this thesis.

### *Vignette 1*

I worked for nearly 2 years as a home and community support staff with a family who was struggling to understand why their 22-year-old son, who had Down syndrome, was still interested in the children's television show, *Barney and Friends*. The man's music preferences were almost exclusively children's songs, marketed for toddlers. I found myself asking questions such as "Does this person's taste in toddler-directed media reflect his stage of development?" and "What role do these songs play in his life?"

### *Vignette 2*

During one of my clinical practicums as a music therapy student, I played and sang Beatles songs with a man in his 40s with cerebral palsy, who was nonverbal. In the beginning stages, I was wary of using some of my favorite music in the context of therapy, fearing I would lose focus on the client's functional arm-movement goals. Later, I experienced a therapeutic bond through our mutual love of Beatles songs that led us to new places of musical expression.

The client surpassed functional arm-movement goals and found new levels of expression in beating the cymbal during our sessions.

These two vignettes help to illustrate my personal investment in this topic. Both individuals with developmental disabilities had complex communication needs, sometimes making it difficult for others to understand their music preferences and the meaning that they constructed from songs. In this study, I collected qualitative data by interviewing music therapists who have used songs with adults with developmental disabilities. The distilled essence of these experiences hopefully illuminates ways that music therapists can activate the potential of song to have great meaning in the subjective lives of these clients.

### **Need for This Study**

In this study, the role of songs in music therapy is contextualized by the unique challenges and situations in the lives of adults with developmental disabilities. Functional challenges (Farnan, 2007), behavior challenges (Ford, 1999; Lundqvist, Andersson, & Viding, 2009), and social interpersonal challenges (Curtis & Mercado, 2004; Lee, 2014; Pavlicevic, O'Neill, Powell, Jones, & Sampathianaki, 2014) have been addressed in prior research, largely separated from each other. The music therapy literature is in need of a holistic perspective for this population and its unique needs.

Looking holistically, the areas of psychological and spiritual development of adults who have developmental disabilities have been largely neglected in music therapy research. However, Hintz (2012) suggested that these areas are not beyond the scope of music therapy with this population. In addition to being hard to quantify, these areas are also difficult to assess due to impairments in intelligence and communication. Furthermore, psychiatric disorders have an increased prevalence in people with developmental disabilities (Bradley & Burke, 2002). The

present study therefore serves as an invitation for music therapists to begin to consider psychological and spiritual needs in the assessment and treatment planning of adults who have developmental disabilities.

In the music therapy literature, there is also an area of need specifically researching the use of songs with adults with developmental disabilities. While case studies (Aigen, 2005; Clarkson, 1991; Fischer, 1991) and a survey on song use with children with autism exist (Schwartzberg & Silverman, 2014), the music therapy community has yet to introduce a systematic inquiry on songs with adults who have developmental disabilities.

### **Literature Review**

The literature review is divided into four broad sections. First, developmental disability is defined and explored. Then, a foundation of developmental theory is established and interwoven with music therapy approaches. Following that is an exploration of the practical aspects of music therapy with adults who have developmental disabilities. Last is an in-depth discussion of the role of songs in music therapy. The literature review concludes with the positioning of the present study within the body of music therapy literature.

### **Developmental Disabilities**

**Definition.** For the purposes of this paper, a definition of developmental disabilities that is comprehensive, yet concise, will be utilized. The definition is based on those from leading national and international organizations that promote advocacy, treatment, and policy for people with developmental disabilities.

The American Association on Intellectual and Developmental Disabilities (AAIDD; 2013) defines developmental disability as follows:

Developmental disabilities is an umbrella term that includes intellectual disabilities but also other disabilities which are apparent during childhood.

Developmental disabilities are severe chronic disabilities that can be cognitive or physical or both. The disabilities appear before the age of 22 and are likely to be lifelong. (para. 7-8)

Part of this definition will be adopted for the purposes of this research. However, it is also necessary to explore the depth and variety of terminology relating to the population of people who have developmental disabilities. Doing so will give global and interdisciplinary context to the issue at hand.

The American Psychiatric Association (2013), in its most recent *Diagnostic and Statistical Manual of Mental Disorders* (5<sup>th</sup> ed.; DSM-5) has a category called *neurodevelopmental disorders* that pertains to the population under discussion. Similar to the AAIDD (2013) definition, neurodevelopmental disorders require early age of onset. “Personal, social, academic, and occupational functioning” (p. 31) are the broad areas of impairment.

Regions across the world employ different terminology for developmental disabilities. According to McConkey (2003), the term *developmental disability* is a North American construct, equating with the terms *intellectual disability* used by the World Health Organization, and *learning disability* in the United Kingdom (Hooper, Wigram, Carson, & Lindsay, 2008, p. 66). The United Nations (2006) defines disability as an “evolving concept” (Preamble section, para. 5) dependent on societal attitudes and environments, where people with impairments face barriers to full participation in their communities. This definition distinguishes the term disability from that of impairment. Perceived disability may change over time, depending on accommodations or treatments, such as installing wheelchair ramps. Impairment is the degree of neurological deficit that alters development from its typical course (Bradley & Burke, 2002).

The following, drawing from the preceding sources, will comprise the definition of developmental disabilities for this paper:

Developmental disability is a fluid societal concept, where persons who have impairments in personal, social, academic, or occupational functioning, onset before the age of 22, have limited access to the facilities that are necessary for them to lead fulfilling lives on their own terms.

**Diagnoses.** The term *developmental disability* has been associated with various clinical diagnoses over its evolution. In the early days of developmental disability terminology, circa 1975, U.S. law decreed mental retardation (the old terminology for intellectual disability), cerebral palsy, autism, and epilepsy as qualifying diagnoses (Farnan, 2007). This is upheld by the AAIDD's (2013) definition, which mentions intellectual disability, cerebral palsy, and epilepsy. The American Psychiatric Association (2013) divides neurodevelopmental disorders into six broad sub-categories of diagnosis: intellectual disability, communication disorders, autism spectrum disorders, ADHD, motor disorders, and specific learning disorders.

Some diagnoses do not always imply the presence of a developmental disability, however. Several diagnoses equated with disability by organizations like the AAIDD (2013) are not considered as such by the American Psychiatric Association (2013). Genetic conditions like Down syndrome, environmental stressors such as fetal alcohol exposure, and medical conditions like epilepsy, are known instead as specifiers in the *DSM-5*. Specifiers are conditions that may cause a neurodevelopmental disorder; however, it is possible for some people with these conditions to live their lives free of disability. The term disability applies when the impairment caused by a disorder limits a person in performing activities within a normal range of human function (Bradley & Burke, 2002).

### **Theoretical Principles**

In addressing barriers to human development, it is necessary to have a theoretically informed practice in order to better understand the worldviews of clients. A foundation in developmental music therapy will contextualize the role of song in the lives of people with their

unique developmental needs and experiences. Theoretical applications will be kept flexible to accommodate individual differences, while maintaining a loose framework to convey how song may function in the developmental lifespan of a person.

**Developmental music therapy.** Bruscia (1998a) defined developmental music therapy as a practice that addresses a broad spectrum of developmental needs in domains such as sensorimotor, cognitive, affective, or interpersonal, depending on the individual client. Bruscia indicated that the client's personal and family history, inner emotional world, and personality are distinguishing concerns in developmental music therapy. Schwartz (2008) complemented this idea with the statement: "Therapy in a developmental framework seeks the healthy, growing aspects of children and helps remedy or cope with obstacles to healthy development" (pp. xii-xiii). Schwartz oriented the developmental music therapist toward a client's strengths and resources to spur growth.

**Musical developmental stages.** Schwartz (2008) has played a major role in connecting the developmental theories of Freud, Erikson, Piaget, Mahler, and others to music therapy. Just as theories of development bridge overt behaviors with internal processes, Schwartz presented models that bridge musical behavior with the stages of developmental growth (Briggs & Bruscia, 1985). Musical milestones from Briggs and Bruscia that directly relate to song included recognizing transposed melodic patterns at 5 months, recognizing familiar songs at 10-18 months, singing short phrases of songs at 18 months, singing spontaneous songs at 36 months, increasing song repertoire at 36-72 months, and singing whole songs with correct pitch contours at 60-72 months.

While the scope of Schwartz's (2008) text did not extend into the adult years, her framework is relevant to this study since some adults who have developmental disabilities

present with developmental levels of younger typically developing persons. Schwartz's developmental levels are:

*Awareness*, an instinctual awakening and exploration of senses, demonstrated in music by such behaviors as looking, mouthing instruments, and responding to changes in musical elements of songs.

*Trust*, organizing responses to awareness, forming boundaries, and reaching out to find reliability in the world, demonstrated in music by such behaviors as seeking repetition and familiarity and making purposeful vocalizations in songs.

*Independence*, separating from a dependence on others, and exploring the world based on internal motivations. Independence is demonstrated in music by expressing like and dislike of songs, or experimenting with various vocal timbres and volumes.

*Control*, internally organizing surroundings, making choices and relying on cognition in addition to sensory reactions. This is demonstrated musically by forming musical preferences, or creating songs spontaneously, and recognizing lyrics.

*Responsibility*, integrating the self into a larger community, understanding consequences, and connecting thoughts, emotions, and actions. Responsibility takes musical form through knowledge of entire songs, participating in group music, and understanding increasingly abstract lyrics.

The present study will supplement Schwartz's (2008) framework with Erik Erikson's stages of adolescence and adulthood, as identified in Corey (2013):

*Identity* is the process of testing limits, breaking away from caregivers, and searching for life's meaning. Laiho (2004) theorized that music plays a role in the emotional field, identity, agency, and interpersonal relationships of adolescents (in Viega, 2013, p. 26). Aigen (2005)

wrote how repetition of a client's original or preferred melody, projecting a continuity of self, can help the client experience identity development.

*Intimacy*, forming close relationships with friends, family, significant others.

*Generativity*, distinguishing between life's dreams and actual accomplishments, and contributing to the next generation.

*Integrity*, the ability to validate one's path through life and have few regrets (Corey, 2013, p. 65).

Adults who have developmental disabilities may have to dance a complex line of being expected to perform adult developmental tasks, such as forming lasting friendships (intimacy), while still grappling with an earlier developmental level, such as forming basic trust in the outside world. To illustrate from my personal experience, in one of my music therapy groups there was a woman with intellectual disability who would often grasp and use another person's hand to play instruments. In a developmental framework, this musical behavior may have pointed to an obstacle in the client's progression toward the stage of *independence*, developing a sense of self separate from others. Exploring this area of need through developmental music therapy may have not only reduced the client's socially intrusive behavior, but perhaps uncovered personal barriers to later be transcended in pursuit of greater independence.

### **Music Therapy Practice with People Who Have Developmental Disabilities**

The American Music Therapy Association (2013a) states:

Music Therapy with clientele who have or are at risk for developmental disabilities is the specialized use of music to improve or maintain functioning in one or more of the following areas: motor, physiological, social/emotional, sensory, communicative, or cognitive functioning. (Intellectual and Developmental Disabilities section, para. 2)

Farnan (2007) outlined the practice of the Central Wisconsin Center as a model of the recent trends of music therapy treatment for people with developmental disabilities and asserted



that music therapists could contribute to a client's development in targeted goal areas specified by the clinical team. Farnan concluded that clear objectives and evidence-based interventions linked to functional life skills and quality of life would be the best contribution to this population moving forward. Hintz (2012) backs up this argument with the assertion that supportive, augmentative levels of therapy predominate work with this population (a discussion of levels of music therapy follows). Functional skill development, behavior improvement, and adaptive skill development in social and communication areas were cited to be the most frequently addressed goals for people with developmental disabilities.

**Levels of practice.** The levels of music therapy practice, in order of increasing intensity are: auxiliary, augmentative, intensive, and primary (Bruscia, 1998a). The level of music therapy practice may be a significant factor in determining the role of songs in an adult client's music therapy. In the auxiliary level, songs do not qualify as music therapy, and this may look like a person in distress being given CDs with relaxing music, or a sing-along led by a person not qualified as a music therapist. The augmentative level is where songs serve therapeutic needs that are also addressed by other therapists, such as the functional arm-movement goals mentioned in Vignette 1. Again, Hintz (2012) states that most music therapy with people who have developmental disabilities takes place at the augmentative level. In the intensive level of music therapy, songs may play an independent role in a client's treatment. Bruscia (1998a) states that at the intensive level, "Music is typically used to establish or enhance the client-therapist relationship..." (p. 170). Lastly, at the primary level, music therapy in the form of songs plays a central role in addressing the client's therapeutic issues. The change sought from the use of songs is more profound than in any other level of music therapy.

**Adults who have developmental disabilities.** Regardless of level of treatment, the present study is focused on people who have developmental disabilities in adulthood. For the purposes of this paper, adulthood will be considered ages 21 and over, which is when individuals “age out” of educational settings. When they graduate from high school, individuals with developmental disabilities face a period of transition, where lifelong goals, place of residence, and possible employment are brought into perspective. Music therapists encounter adults with developmental disabilities in treatment systems that are different from those that serve children, with unique needs and goals to match.

**Treatment settings.** The majority of people with developmental disabilities engage in music therapy in academic and community settings (Hintz, 2012). Adults, who have aged out of school settings, may be likely to find music therapy in a day habilitation program, group home, or in a private clinic (Hintz, 2012; New York State Office for People with Developmental Disabilities, 2014).

Some studies have also shown that people with intellectual disabilities are more likely to visit a hospital emergency room compared with the general population (Lunsky, Balogh, Khodaverdian, Elliott, Jaskulski, & Morris, 2012). They may also receive less adequate access to health care while having greater health needs, be more likely to encounter misdiagnoses, and make more frequent and longer hospital visits than people without disabilities (Iacono, Bigby, Unsworth, Douglas, & Fitzpatrick, 2014). This information makes it possible, and perhaps even likely, that a music therapist working in a psychiatric or medical hospital environment will encounter an adult with a developmental disability. Hospital visits are a source of distress for most people, regardless of ability level, and the notion that a person with a disability is more likely to be hospitalized presents a major concern for his or her medical and emotional wellness.

**Unique psychological needs.** People who have developmental disabilities may also have vulnerabilities that increase the prevalence of mental illness later in life (Bradley & Burke, 2002). In adulthood, possibly more likely than in childhood, people with developmental disabilities may experience exclusion, rejection, or loss. Bradley and Burke also noted an increased likelihood of encountering physical or sexual abuse. Additionally, adults with intellectual disabilities may experience symptoms of anxiety to a greater degree (Deb, Thomas, & Bright, 2001). Deb et al. also found a statistically significant prevalence of psychiatric illness with increasing age and the co-occurrence of a physical disability.

**Music therapy goal areas.** After a music therapist assesses the unique needs of an adult client with a developmental disability, he or she forms goals, or desired outcomes of the interventions (Wheeler, Shultis, & Polen, 2005). Most music therapy research with this population tends to focus on the effectiveness of a specific intervention in a certain goal area (Hintz, 2012). The goal areas covered in the literature include functional life skills, behavioral challenges, social skills, and interpersonal relationships.

Functional life skills, also referred to as adaptive functioning, include the following: communication, social participation, and independent living across home, school, work, and community settings (American Psychiatric Association, 2013). Farnan (2007) described music therapy interventions that address functional life skill development through instrument play and following verbal cues inserted into specially composed songs.

Behavioral challenges are an issue of great concern for the physical and emotional well-being of people with developmental disabilities (Lundqvist, Andersson, & Viding, 2009). Challenging behaviors were classified as self-injurious, stereotypical, or aggressive and destructive behaviors. It was suggested that vibroacoustic music, where participants hear and

feel music through low-frequency vibrations, could benefit individuals with challenging behaviors through its effects on autonomic activity and anxiety. The study used a randomized controlled trial design, and results showed a significant reduction of self-injurious behaviors in the group receiving vibroacoustic music. The element of sensory integration is a significant addition to the literature for the present study (Farnan, 2007; Lundqvist et al., 2009). The suggested link between autonomic activity and psychological processes, mediated by musical sensations, may provide an invaluable perspective to the role of songs in music therapy for adults with developmental disabilities.

In an earlier study, Ford (1999) examined the effect of music on the self-injurious behaviors of an adult with developmental disabilities. One female subject, aged 23, with severe developmental disabilities, received four treatment phases: blocking of head-hitting behavior, preferred music listening, a preferred non-music activity, and active music making. The subject was videotaped in two 5-minute periods up to 40 minutes before and after treatments. Dependent measures taken from videos included self-injurious behaviors of teeth grinding, mouth scratching, and head hitting. While no conclusive evidence supported music's effectiveness in reducing self-injurious behavior, music therapy was indicated as a tool that could potentially increase interactive behaviors in persons with severe developmental disabilities.

In the goal area of developing friendships and social interaction, Curtis and Mercado (2004) developed a community music therapy program that increased community engagement of people with developmental disabilities. Community members interacted with individuals both with and without disabilities through performance experiences including chorus, handbell choir, and American Sign Language group. It was concluded that community music therapy had great

potential to promote community engagement and friendships in adults with developmental disabilities.

Pavlicevic et al. (2014) contributed research to this goal area by conducting focus group interviews with professionals and parents of young adults with developmental disabilities. Instead of developmental change, the focus group data indicated that self-esteem, socialization, and friendships were the greatest areas of need that music therapy addressed with young adults with developmental disabilities.

Lee (2014) explored the experience of interpersonal relationships between music therapists and their adult clients with profound intellectual and multiple disabilities. Using a phenomenological approach, five music therapists in Australia were interviewed about their interpersonal relationship with one of their clients with multiple disabilities. The qualitative data indicated that these relationships require mutual therapist-client effort over time, have psychosocial benefits for clients, and are influenced by context and severity of the disability. Further research is needed to complement Lee's findings with information on the role that songs play in these interpersonal relationships.

### **Role of Song in Music Therapy**

Much of the discussion so far has focused on music therapy goals with clients who have developmental disabilities. While goals are important for treatment planning, documentation, and refining clinical intent, the goals of music therapy should not be confused with the role of song in music therapy. While the word *goal* is focused on end results, the word *role* pertains to a character or function in a particular process ("Role," 2010).

Reviewing the music therapy literature on the role of song in the profession as a whole is a daunting task, one that could be a dedicated project in itself. To focus the review, a definition

of song has been created that will apply to the present study. Then, inspired by Turry (2010) and Bruscia (1988b), the discussion on the role of songs is organized into three broad categories: song as process, song as vehicle, and song as anchor.

**Definition of song.** Before the role of song can be explored, song must first be defined. The *Oxford Dictionary of Music* defines *song* as “the natural human means of mus. [musical] self-expression” (para. 1), going on to specify types of songs, and that they may be vocal or orchestral (Kennedy & Bourne Kennedy, 2012). Turry (2006) also ventured to define song: “A song is a musical form that includes at least in part words and/or a melodic theme that can be remembered after the form as a whole has been completed” (p. 99).

While both definitions are suitable to the topic at hand, they portray remarkably different sides of the concept of song. The *Oxford* (Kennedy & Bourne Kennedy, 2012) definition captures the humanity of song, in that it might fulfill an expressive need. Turry (2006), a music therapy researcher, instead defined song by its formal aspects, allowing the definition to apply to pre-composed, improvised, and client-composed songs. For the purposes of this paper, a song does not need to be remembered, as Turry’s definition may have implied.

The definition of song used in this thesis shall be:

Song is a human musical expression that takes on an independent form. It may be expressed through voice, instruments, play of recordings, or any combination of these. A song may or may not contain lyrics, as well as sections where musical ideas are repeated.

Bruscia (1998b) named songs as one of the most commonly used experiences in psychodynamic music therapy. He went on to write how “songs provide easy access to a person’s emotional world” (p. 10) through connections to one’s past, life experiences, and development. Bruscia identified song as a possible facilitator of therapeutic process, and vehicle for personal change.

**Song as process.** In a text on group psychotherapy, Yalom and Leszcz (2005) defined therapeutic process as "the nature of the relationship between interacting individuals-members and therapists" (p. 143). Nordoff and Robbins (2007) contextualized song as an expression of the development of relationship between client and therapist, thus becoming an expression of process. Music therapy researchers have explored multiple perspectives of songs in relation to therapeutic process.

In their explanation of process, Yalom and Leszcz (2005) valued the how and why of a client's interaction over the actual content of their words. This is also known as metacommunication, including the latent qualities of a message, like tone of voice and body language. Song recall, where song comes into the mind of a therapist or client, is a fertile field of how and why in music therapy process (Díaz de Chumaceiro, 1998). According to Díaz de Chumaceiro, songs may be recalled consciously or unconsciously, with or without a referent. Díaz de Chumaceiro connected these factors with personal issues that arise in the music therapy process of a client. In music therapy literature, the metacommunicative aspect of process is also supported by the idea that the musical qualities of songs may be related to psychological and emotional processes in therapy (Turry, 2010; Viegas, 2013).

When discussing the Alvin model of Free Improvisation Therapy, Bruscia (1987) mentioned how music may also function as a third party in the dynamic between client and therapist. In this respect, a client may develop a relationship with a song that is unique from the therapist-client relationship. The client-song relationship becomes another factor in the complex process of therapy.

Process is the foundation for effective therapeutic intervention (Yalom & Leszcz, 2005). As the discussion turns to song as vehicle and song as anchor, it is worthwhile to keep in mind that in any role, songs can be analyzed as an element of therapeutic process.

**Song as vehicle.** The idea behind song as vehicle is that the song itself is not the endpoint, but a stepping stone in the therapeutic interaction (Aigen, 2005; Bruscia, 1987). The song's role is to facilitate some understanding or experience beyond the song itself.

Songs may facilitate the conveyance of extramusical information in music therapy. Therapists have embedded behavioral cues, prompts, and reinforcement (Fees, Kaff, Holmberg, Teagarden, & Delreal, 2014; Kern, Wakeford, & Aldridge, 2007), as well as interpersonal messages like empathy (Bruscia, 1987) or celebration (Nordoff & Robbins, 2007) into songs. Pre-composed songs can also become vehicles for metaphor, the basis of schema theory applied in music therapy (Aigen, 2009). One metaphor Aigen discussed was stable musical tonality as a container for security and development of self-awareness. Aigen summarized that musical properties of songs could be fused with extramusical concerns.

Pre-composed songs can also transport clients into other music therapy experiences. Aigen (2005) described how songs could become more of a vehicle for improvisation than a coherent form to be learned. Bruscia (1987) wrote how songs may serve as a vehicle between nonverbal and verbal experiences.

In addition to being a vehicle from one experience to another, songs may also be a vehicle for embedded therapeutic goals. Aigen's (2005) qualitative study on popular music styles described how a song functioned as a vehicle for increasing a client's self-awareness. Aigen showed that songs could set up stylistic conventions that make musical and interpersonal demands on a client. He uses the introduction to the song *Johnny B. Goode* by Chuck Berry,



where only the first beat of the first four measures are played, to exemplify this idea. Aigen wrote how this decrease in rhythmic support from the therapists allowed his client's music to stand out in the musical interaction. When a song sets up stylistic or formal expectations, the form can be maintained, changed, or abandoned, creating various musical circumstances. Turry (2010) also expressed the essence of this concept, where in the process of improvising songs with clients, clinical interventions become embedded into musical forms.

In the same paper where he validated song as vehicle, Aigen (2009) presented a counter-argument. He asserted that with all extramusical considerations aside, in some essence a song carries only itself: "the most powerful applications of music in therapy are rooted in the everyday, nonclinical, experience of music" (p. 265). From this standpoint, a song and its presence within a person, however interpreted, is the end as well as the means. This position leads into song as anchor, a role where the song itself becomes central to the therapeutic process.

**Song as anchor.** In song as anchor, song contributes to therapeutic permanence by being a returnable, predictable base that may act as a marker of personal progress. The concept of song as anchor has been utilized in early childhood, as lullabies have served as transitional objects of safety and trust (Loewy, 1999) for infants and toddlers. Further in the developmental course, the melodies and lyrics of songs have been connected with identity formation in adolescence (Aigen, 2005; Viega, 2013). Nordoff and Robbins (2007) note how songs can take on an identity of their own from melodic and verbal characteristics. Song as anchor in adulthood is represented by one of Turry's (2010) clients who took her improvised songs created in music therapy and performed them in her community. Turry commented how these songs became artifacts of the client's therapeutic change.

Within the here and now, song can be used as an anchor in the free-flowing realm of music improvisation. Nordoff and Robbins (2007) called songs a “practical basis of improvisational work” (p. 242). They wrote that short, repetitive song forms could stabilize a client’s engagement, as well as extract the essence of his or her music therapy experience. Robarts (2003) supported this role, stating that a song’s predictability can offer clients a safe base from which to explore emotions, allowing them to return if they become overwhelmed (in Turry, 2010, pp. 119-120).

### **Purpose of the Research**

In light of the previous research concerning adults who have developmental disabilities, the music therapy practice involving them, and developmental theory, the role of the present study was to take a fresh, and informed perspective on the role of songs in the holistic lives of people with developmental disabilities. This study considered the unique lives of adults who have developmental disabilities and evaluated how song interventions can play a part within them. The main research question of this study was, “What is the role of songs in music therapy with adults with developmental disabilities?”

### **Method**

#### **Design**

The present study utilized an empirical phenomenological approach, a form of qualitative inquiry. The process involved transcribing and analyzing interviews with music therapists on their experience of the role of songs with their adult clients with developmental disabilities. Simply defined, phenomenology is the examination of the lived experience of human phenomena (Creswell, 2014; Forinash & Grocke, 2005). A central tenet of phenomenology that relates to the present research is complexity (Forinash & Grocke, 2005). It is my personal stance that the

lifeworlds of adults with developmental disabilities are no less complex than those of typically developing people. In music therapy, the interaction of song, client, and therapist involves factors such as personality, disability, behavior, environment, and clinical intent, creating a complex playing field that is best studied as a cohesive entity.

### **Epoché**

In phenomenological inquiry, the researcher must position him- or herself within the issue at hand, in order to reflexively identify biases that may affect his or her data interpretations (Creswell, 2014). I have worked for 3 years with people of varying ages with developmental disabilities as a teaching assistant, one-on-one community habilitation support staff, and student music therapist. My overall orientation toward treatment has evolved to become person-centered, existential, and humanistic, while I also employ behavioral strategies on a case-by-case basis. As a student music therapist, I used songs often in my work with adults with developmental disabilities. Through my experiences, I had come to deeply value interpersonal relationships as having an essential role in the lives of people with developmental disabilities. The better I got to know the clients' personalities and music preferences, the easier and more intuitive it seemed to choose songs that would help them engage toward their functional therapeutic goals. In retrospect, I question the role I took as chooser of songs, and my unconscious processes that may have led songs to present themselves in the moment.

Another part of what led me into this topic was the concept of age-appropriateness of songs. I reflected on Vignette 1, from the introduction, with the 22-year-old man with Down syndrome who preferred children's songs and TV shows. Though the individual had every right to consume this media, I encountered challenges in making toddler-directed songs available to someone whose chronological age reflected young adulthood. Although the man appeared to

enjoy the children's songs, I wanted him to engage with more chronologically age-appropriate materials. With continued reflection, I came to the conclusion that my biases were rooted in the desire to normalize people with disabilities, in an attempt to change them to be more like typically developing people. I was quite unnerved by this insight, because my personal beliefs lie against normalization and in embracing differences among people with and without disabilities. I was able to trace these feelings back to my time as a student music therapist working with the same population.

I also believe that the role of songs may pertain to the development of psychological, emotional, and spiritual domains, in addition to functional developmental areas with this population. I have been motivated to investigate music therapy with adults who have developmental disabilities beyond the supportive, augmentative levels. In my personal experience, these deeper levels have shown themselves in music therapy sessions (see Vignette #2 in Introduction section). I feel it is important for therapists to consider the influence that songs may have on deeper, more intensive processes, even if they are not the focus of the intervention.

My experiences created a bias but also lent me a greater sensitivity to the topic. I employed bracketing and reflexivity to become more aware of personal values, assumptions, and biases that had a potential for influencing data collection and analysis.

## **Participants**

Purposive sampling was used to select participants who were able to provide insight to the question at hand (Creswell, 2014). Music therapists were selected for interviews based on the following criteria. They (a) had at least 5 years of professional experience as a music therapist working with adults with developmental disabilities, (b) used songs within their

practice in any way (receptive, improvisatory, compositional, re-creative), and (c) had a master's degree or higher in music therapy.

Potential participants were identified through my own professional and academic networks and were sent an informed consent form (see Appendix A) that explained the objectives and design of the research study, and the inclusion criteria for participating. Out of the respondents that met criteria for participation, four participants were interviewed regarding their experiences of the role of songs in music therapy with adults who have developmental disabilities. They are described below.<sup>1</sup>

**Bernadette.** For 6 years, Bernadette worked as a music therapist in a non-profit agency in Australia for individuals who have multiple disabilities. Through this agency she provided individual and group sessions to adults with developmental disabilities in community settings such as group homes, private homes, adult day care centers, and nursing facilities. She also holds a position as a researcher and clinical supervisor at a major university.

**Theresa.** For 5 years, Theresa has been a music therapist at a day program for adults who have developmental disabilities in the U.S. Before becoming a music therapist, Theresa worked as a direct support professional with the same organization. Her position in the day program has evolved. She started by running large music therapy groups with eight or more individuals in classroom spaces. Currently, Theresa is seeing individuals and small groups of three to five individuals in her own treatment space in the day program.

**Loren.** Loren is a recently retired music therapist with 35 years of experience working in a residential facility with adults who have developmental disabilities in the U.S. Over the years, the facility where she worked went through a decrease in population from about 600 residents to about 60. When she first started working at the facility, she saw a wide spectrum of individuals

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<sup>1</sup> Pseudonyms were used to preserve participants' confidentiality.

spanning a range of disabilities from mild to profound intellectual impairment. Currently, the facility solely houses individuals who have the most profound impairments. According to Loren, these individuals make up 1-2% of the entire population of people with intellectual disabilities. Loren has experience working with large and small groups, as well as individuals. Loren also stated that she often worked collaboratively with physical, occupational, and speech therapists.

**Melanie.** Melanie has been a music therapist in a large, residential developmental center in the U.S. for 10 years. She stated that the residents mainly have severe cognitive deficits, and many have co-occurring physical disabilities. Initially, Melanie entered the residential units for music therapy sessions. Presently, Melanie has her own treatment space and a rigid session schedule, in order to maintain structure and consistency for her clientele. Melanie works with individuals as well as groups of two to 10 people. The larger groups are often co-led with physical, occupational, or speech therapists.

### **Procedure**

Interviews were scheduled at a time and place as comfortable and convenient as possible for each participant. Each interview lasted approximately 1 hour and took place either face-to-face, by telephone, or via Internet video-chat software. One participant was interviewed in person, while one required a telephone interview, and two had Internet video chat interviews. The interviews were audio-recorded.

**Interview protocol.** A semi-structured approach was taken to the phenomenological interviews, with the specific phrasing of questions left open (Forinash & Grocke, 2005). At the outset of each interview, a variation of the following ice-breaker was asked (Creswell, 2014): "Tell me about your work with adults with developmental disabilities." After the ice-breaker, the following question guided and focused the interview: "What is your experience of the role of

songs in music therapy with adults with developmental disabilities?” Follow up prompts, like “Could you tell me more about that?” were used when probing for more detail (Creswell, 2014). At times, I summarized or repeated what the participant said as a way of clarifying (McFerran & Grocke, 2007). The interview was kept as open-ended as possible to allow the participant to authentically relate his or her experiences (Forinash & Grocke, 2005; McFerran & Grocke, 2007).

**Analysis.** A seven-step procedure of phenomenological analysis from McFerran and Grocke (2007), was adopted:

1. Transcribing the interview word for word
2. Identifying key statements
3. Creating structural meaning units.
4. Creating experienced meaning units
5. Developing the individual distilled essence
6. Identifying collective themes
7. Creating global meaning units and the final distilled essence. (p. 275)

The following summarizes McFerran and Grocke’s (2007) explanation of each step in detail as applied to this study. In step one, I transcribed the interview audio by slowing it down in the computer program VLC and used a word processor to write it out. In step two, key statements, if a participant’s material was related to the topic of songs in music therapy with adults who have developmental disabilities, it was included as a key statement. If a statement did not directly mention songs but was contextually necessary for a statement that did, it was also included. In step three, structural meaning units, statements were categorized according to

their overt or concrete meanings. McFerran and Grocke described structural meaning as physical, literal, and external.

Experienced meaning units, in step four, examined each individual participant's statements for underlying, latent meaning (McFerran & Grocke, 2007). Reading through a participant's key statements, I extracted the ones that exuded greater significance, vivid experiences, great emotion, or unexpected viewpoints concerning the role of songs. Assessing the authenticity of these findings, I searched the transcript for additional statements to back up the experienced meaning unit headings. Experienced meaning units were formed until new ones became redundant and excessively overlapped the others. Finally, in step five the experienced meaning units were woven together into a narrative, forming the participant's individual distilled essence.

Participants' interviews were then collated for a more comprehensive understanding of the role of songs in music therapy with adults who have developmental disabilities. In the collective themes, step six, the individual essences were compared in search of agreements as well as unique features (McFerran & Grocke, 2007). All four individual distilled essences were printed and placed side-by-side for direct comparison. Each line of an individual's distilled essence was compared against the other participants' essences, searching for similarities in core meaning. Similar ideas across participants were written side by side on a separate sheet of paper, then given a category name. Category names, now encompassing multiple participants' statements, could no longer be drawn directly from the transcripts; instead they were developed with professional language. Categories including statements from all four participants were common themes, those with statements from two to three participants were significant themes, and statements unique to one participant were individual themes. Carefully scrutinized,



individual themes needed to have integral significance to one participant's experience, and be in no way covered by any of the common or significant themes.

At step seven, global meaning units, the collective themes were broadened, looking for the central ideas that bonded them together (McFerran & Grocke, 2007). The collective themes were combined and re-combined in various ways until these broad concepts came to light. First, the collective and individual themes were listed on a single sheet of paper. Then I highlighted critical phrases from the themes, using the same color to group together related themes. For example, themes whose key words or phrases related to clients' experience of others were colored green. The green themes were given the heading "The Interpersonal, Collective World." In the final stage of step seven, the global meaning units were developed into a narrative, forming the final distilled essence.

### **Ethical Considerations**

**Institutional Review Board.** This study was reviewed and approved by the Molloy College Institutional Review Board (IRB). The Molloy College IRB reviewed the full proposal, along with the informed consent form (see Appendix A).

**American Music Therapy Association Code of Ethics.** The current study also complied with section 8.0, concerning research, of the American Music Therapy Association Code of Ethics (2013b). Participation in the study was voluntary, and all interview candidates were informed that they could withdraw at any time with no ramifications. Each prospective participant was given a clear statement of the purpose of the study, and informed of the anticipated time commitment involved. Confidentiality was maintained by securing all data, and maintaining the anonymity of participants and any clients they discussed. Finally, written consent was obtained for audio/video recording of interviews.

**Maintaining confidentiality of adults with developmental disabilities.** A special ethical consideration concerned the possibility that interview data may have included names or other identifying information of adults with developmental disabilities, a potentially vulnerable group. Interview participants were instructed to leave out or change the names and specific diagnoses of any of their clients. I assumed the responsibility of protecting any client information that was disclosed in the interviews. This was done by keeping interview audio and transcript files in encrypted, password protected folders on a password-protected computer, as well as changing any names and identifying information that appeared in the final report.

### **Trustworthiness**

According to Creswell (2014), qualitative studies establish validity and reliability through the process of establishing trustworthiness. Creswell continued to write that qualitative researchers who immerse themselves in data, draw from multiple data sources or perspectives, and engage in reflexive and corroborative practices will achieve greater trustworthiness. The present study employed several measures to build trustworthiness.

I engaged in reflexive journaling and bracketing before and after each phenomenological interview, to ensure that biases were set aside in the act of collecting data. I also continuously reviewed the epoché during the data analysis, to help prevent unconscious fulfillment of assumptions and expectations (McFerran & Grocke, 2007).

Finally, member checking was employed to increase trustworthiness (Creswell, 2014). Individual distilled essences were sent to the interviewees to confirm that they accurately represented their experiences (McFerran & Grocke, 2007).

## **Results**

The results of the four phenomenological interviews have been explored using a holistic lens, treating the individual essences with as much significance as the global meanings and final distilled essence. Additionally, a more detailed sample of the individual transcript examination process can be found in Appendix B.

### **Examination of Individual Transcripts**

**Bernadette.** On a structural level, Bernadette spoke from a researcher's perspective through much of her interview, and as a result her topics were very focused and direct, including: song preference, songs and relationships, client interactions within song, skill development, and song memory.

Bernadette conveyed her experienced meaning of the role of client-preferred songs: "When we play a client's preferred song, their level of interest, participation, and engagement increases." She further articulated how this could lead into development of skills, including choice-making: "Because they [clients] have preference, they can make choices....I thought, we have to give them opportunities to make choices, because they can, and, I wanted to use preferred songs to motivate them to choose their preferred songs."

Underneath her discussion of and client interactions and relationships within songs, Bernadette described her experience of a process where songs become symbolic of the therapeutic relationship:

Within a song, ritualized interactions build meaningful relationships. We start with pre-composed, simple, popular, preferred songs. We sing the song, play with it, or improvise within the song, and make our unique song. Unique interactions within a song create "our song." When we sing the song, we have unspoken roles, the clients develop their own parts and I have my own part, and we make our song. Since they're based in pre-composed songs, clients can remember these moments and do it again in other sessions.

Bernadette continued to explore the potential meaning of these relationships founded in songs: “Familiar, meaningful interaction does not happen all the time with these kinds of clients.... But music therapists respect clients’ preferred songs, and make it into something better, honoring their being, and giving them power.” Bernadette also integrated how this process may be experienced in a group setting: “Once we have confidence with our song, I sometimes let them show off their skill in a group session, and it can change staff perceptions of clients.”

**Theresa.** Theresa spoke from a clinical standpoint and told rich, vivid stories involving specific people, songs, and interventions. The structural meanings she conveyed were about: songwriting and lyric substitution, improvisation, purpose of song, peer interaction, song memories, adult/children’s songs and aging, and client/staff interaction.

Through Theresa’s varied anecdotes, several experienced meanings were gathered. Underneath her discussion of songwriting and lyric substitution, Theresa conveyed her experience of the role of songs in a client’s individuation and identity:

I’ve been taking songs where I sing, you sing, or reflect what the client does to find a way for them to have their own voice apart from me, individually. It is so important, for the client to be able to sing or play independently, apart from you, not just always with you....Clients become very attached to songs we’ve written....Being able to create oneself in a song, like taking words and putting them in a song, it becomes part of their identity in the group.

In the process of talking about peer interactions in songs, Theresa expressed the role of songs in clients’ awareness of and identification with others:

I do a lot of peer identification, trying to help them shake hands and acknowledge each other, meet each other and bond in a different way. For clients to have that experience from a peer, where it’s not so forced. Clients begin to associate songs with their peers, they’ll be like, “oh, sing this for so-and-so.” They know their peer likes it, and they have some satisfaction over seeing their peer’s reaction to a song. They want to sing it for the sake of that person.

While on the topic of song memories, Theresa touched upon a particularly interesting way clients sometimes relate to the therapist through song: “They remember [the song], and they bring it up again, it’s almost like an inside joke, like ‘hey remember when we made up that song?’” The latent content here implied relationship building through the act of songwriting.

Then, several of Theresa’s statements pointed to her experience of song’s role as a transformative element, both with clients as well as staff:

Songs are able to transform the energy of a situation, to the point where we can engage....Familiarity comforts clients in an uncomfortable situation....Also, what really tripped me out was when staff would see me, they’d be like [singing] “Hello, hello!” they would sing to me. It sort of became this agency theme, it does change the place, it changes this whole building.

**Loren.** Loren, speaking from her years of clinical experience, responded with a balance between specific stories and broad principles of her practice over the years. Loren’s interview covered structural meanings about: song, Christmas choir, audience, clients, and song with touch.

On the topic of her Christmas choir from years past, Loren stated her experience of the role of song among a group: “The song is the glue that holds a very diverse group of people together, and gives them purpose, gives them clarity, and gives them, a reason to do something, and is fun.” This experienced meaning unit evoked the imagery of song bringing and holding people together. Loren also depicted the role of song from the unique perspective of an audience of family members and staff at one of her choir concerts: “With families and staff, nobody ever expected [the choir] to be anything more than a lot of fun, and, proud of their person, and, sort of anything goes.”

In more recent years, as Loren’s facility housed fewer people and became more exclusively for individuals with profound disabilities who are nonverbal, the act of singing songs became the sole responsibility of the music therapist:

The main issue for me, especially as I reflect on the last 10 years, is that, if you have people that are nonverbal, which pretty much everybody is, then, the songs are all coming from the therapist. If part of your research is on the role of the client producing songs, I have nothing.

Loren's experiences portrayed the role of songs as a concrete entity:

In the type of work that we have done at our facility, songs are something that people with really profound issues recognize....So, you can't start being creative or bringing in all kinds of interesting stuff because it's got to be concrete and familiar.

In contrast, Loren also described the flexibility of songs:

Vocal improv is probably the main way we use songs....For the impact of a recognizable melody but with their name involved, or some reflection of their actions. You're bringing the person in, to be more involved with you through that. All of a sudden out of the clear blue, you're singing a song that requests an action, and somebody picks up a mallet and starts playing a drum, and you're like "Oh my God, this is amazing!"

The consistent balance between familiarity and variation seems to be one way Loren leads her work with songs into the realm of meaningful interaction.

**Melanie.** Melanie spoke clearly and concisely; the majority of her responses were rooted in the concept of song safety and familiarity, with other topics branching off from those roots. Structural meaning units included: safety and familiarity of songs, improvisation, songs and culture/history of clients, client response, songs for therapist, and songs for physical discomfort.

While the overt meaning of Melanie's statements was often cut and dry, underneath there were vibrant experiences. Melanie spoke of song's role as she juxtaposed improvisation with the familiarity of songs:

When the [musical] improvisation has gone awry, or the clients might be like "what's going on?" or just crazy chaotic, that's when the familiar music comes back, the songs. Sessions are a balance between improvisation and familiar songs – the improvisation allows for freedom while the songs allow for a sense of safety....I will just ask for a general calm in my sessions I'll be like "Ok let's just take a second! and let's sing this song," and it settles whatever's going on in the room....If one person is having a meltdown, or is not actively engaged, and I

wanna try to get that person centered and focused, I might use the song that I know they're gonna respond to.

This experienced meaning portrays songs as a liaison between chaos and structure among individuals in Melanie's music therapy sessions.

Through their safety and containment, Melanie stated, songs also yield connections to several aspects of a client's life: "These [familiar] types of songs, I think they touch on memories, past connections and lives, and present connections that clients are creating and maintaining in music therapy. Using these familiar songs also plays to clients' abilities, and strengths." Melanie emphasized abilities and strengths in light of a client's disability.

Melanie also brought up clients' song preferences within the greater culture of her facility:

Given that they are in residential facilities, and they are older, they've likely lived in facilities for a good time in their life, and they really are a culture of their own. It's really interesting because they all seem to have the same musical preference, within that functioning level...they seem to prefer old, familiar folk, even some rock n' roll, just, very familiar songs that everybody kind of knows.

### **Cross-Participant Examination**

**Collective themes.** Comparing the participants' statements against each other generated new perspectives on the experiences. For example, Bernadette's statement: "When we sing the song, we have unspoken roles" seemed to resonate next to Theresa's statement: "They [clients] remember them [songs], and bring them up again, almost like an inside joke." On the surface, Bernadette was talking about the act of singing a song and Theresa spoke of the act of clients bringing remembered songs back. However, when grouped together, these two statements describe the underlying experience of an intimate, unspoken rapport developing through songs in music therapy. Among the collective themes generated, Table 1 displays the common themes, shared by all four participants, and significant themes, shared by two or three participants.

Table 1

*Collective Themes*

Common Theme Category	Bernadette	Theresa	Loren	Melanie
1. Clients develop interpersonal awareness and relationships through songs	◆	◆	◆	◆
2. Clients establish rituals and attachments to recognizable songs	◆	◆	◆	◆
3. Simple and familiar pre-composed songs provide clients with predictability	◆	◆	◆	◆
4. Changing elements within songs may validate clients' unique and present being	◆	◆	◆	◆
5. Recognized, preferred songs stimulate client response and engagement	◆	◆	◆	◆
6. Songs influence the overall culture of a facility	◆	◆	◆	◆
Significant Theme Category	Bernadette	Theresa	Loren	Melanie
7. Songs promote group cohesion		◆	◆	◆
8. Familiar songs provide comfort and stability		◆		◆
9. Songs promote client individuation	◆	◆		
10. Clients build unspoken interpersonal rapport through songs	◆	◆		
11. Clients demonstrate their abilities and strengths through songs	◆			◆
12. Songs attach to memories that clients may bring back in the future	◆	◆		◆



It is important to consider that if a participant was not included under a significant theme category, it does not necessarily mean that she neglected or opposed this concept. It means that, if touched upon, this meaning was not interpreted to have integral significance in the participants' conveyed experience.

**Individual themes.** After intense scrutiny, only one individual theme emerged, coming from Loren's statement: "The main issue for me, especially as I reflect on the last 10 years is that, if you have people [clients] that are nonverbal, which pretty much everybody is, then the songs are all coming from the therapist." It seems that Loren, in her unique situation of working solely with clients who had profoundly impairments, conveyed the individual theme: Song production is the exclusive role of the music therapist.

**Global meaning units.** Table 2 lists all of the global meaning units and the collective themes that substantiate them.

Table 2

*Global Meaning Units*

Global Meaning Unit	Associated Collective Themes
Familiarity and Attachment with Songs	<p>Clients establish rituals and attachments to recognizable songs (Common)</p> <p>Simple and familiar pre-composed songs provide clients with predictability (Common)</p> <p>Recognized, preferred songs stimulate client response and engagement (Common)</p> <p>Familiar songs provide comfort and stability (Significant)</p> <p>Songs attach to memories that clients may bring back in the future (Significant)</p>
Provision of Safety and Stability	<p>Simple and familiar pre-composed songs provide clients with predictability (Common)</p> <p>Familiar songs provide comfort and stability (Significant)</p>

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The Able, Engaged Individual	<p>Changing elements within songs may validate clients' unique and present being (Common)</p> <p>Songs promote client individuation (Significant)</p> <p>Clients demonstrate their abilities and strengths through songs (Significant)</p>
The Interpersonal, Collective World	<p>Clients develop interpersonal awareness and relationships through songs (Common)</p> <p>Songs influence the overall culture of a facility (Common)</p> <p>Songs promote group cohesion (Significant)</p> <p>Clients build unspoken interpersonal rapport through songs (Significant)</p>

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**Final distilled essence.** The global meaning units were woven together into a brief narrative statement that, in the collective experiences of these four participants, encapsulated the role of songs in music therapy with adults who have developmental disabilities:

In the experience of these four music therapists, familiarity and attachment with songs provides clients with safety and stability; songs bring out the able, engaged individual to an awareness of and participation in the interpersonal and collective world.

### Discussion

This study sought to provide a holistic outlook on the role of songs in music therapy with adults who have developmental disabilities. The honest responses of four music therapists created a final distilled essence that emphasized the whole, able individual instead of the disability.

The results of this phenomenological inquiry are aligned with many parts of the previous literature. The most striking parallel is seen by holding the collective themes and final distilled essence up against Schwartz's (2008) musical developmental levels. Clients develop interpersonal *awareness* through associating songs with others; develop *trust* through the safety provided by repeating familiar songs over time; develop *independence* through playing individual parts within songs; develop *control* when playing songs that demonstrate their abilities

and strengths; develop *responsibility* through participating in group songs. The collective data from all four participants solidifies the importance of songs for adults who may be in these early stages of development.

The individual essences substantiate song's role within Erikson's adult developmental stages of identity, intimacy, generativity, and integrity (Corey, 2013). Discussing identity, Theresa stated: "Being able to create oneself in a song, like taking words and putting them in a song, it becomes part of their identity in the group." About intimacy, Theresa stated: "I do a lot of peer identification, trying to help them shake hands and acknowledge each other, meet each other and bond in a different way. For clients to have that experience from a peer, where it's not so forced." Potentially covering generativity and integrity, Melanie stated: "These [familiar] types of songs, I think they touch on memories, past connections and lives, and present connections that clients are creating and maintaining in music therapy." Songs and the feelings that come with them have staying power throughout an individual's lifetime. These results indicate that songs in music therapy can play a role in developmental progress for adults in any stage of the lifespan.

Looking back at the literature on the role of songs as process, vehicle, and anchor (Bruscia, 1988b; Turry, 2010), the final distilled essence portrays song fulfilling all three of these roles. Songs may be seen as anchoring when they provide security and predictability. Songs can be a vehicle for clients' abilities and strengths to come out. Songs can become the process through which group cohesion is strengthened. A single song can have a different role for each individual, depending on their history with the song, as well as their preferences and developmental needs.

Going deeper into song as process, Bernadette's individual distilled essence contained rich data, which connects to several collective themes (found in Table 2). She described a complex process through which clients may develop interpersonal relationships through songs (collective theme #1). Song preferences are assessed, then preferred songs are played on a regular, consistent basis, providing predictability (collective theme #3). The client develops ritualized interactions in the song, (collective theme #2) moving toward relationship. Throughout the process, musical elements may be changed, reflecting on the client's present being (collective theme #4), and the song becomes more unique and representative of the therapeutic relationship. The client may bring this song up again in future sessions (collective theme #12), as the relationship continuously evolves. This is just one example of how song may play a significant role in therapeutic process.

The final distilled essence focuses on music as an active force of change, appropriately enough. Clients are portrayed as passive recipients of the music, an aspect I consider to be a slight weakness in relation to Bruscia's (1998a) three-way dynamic that recognizes client, therapist, and music, each as an active agent of change. The collective themes, however, are worded in ways that portray that the client or therapist may be active in songs as well (see Table 2). Clients actively establish rituals with familiar songs, or demonstrate their abilities and strengths through song, for example. Perhaps both the therapist and client are viewed as active in the collective theme number 4: changing elements within a song validating the client's unique and present being.

In addition to reinforcing previous studies, the results of the present study also blaze some new perspectives on the role of songs. First, consider the collective theme: Songs influence the overall culture of a facility. This theme came up because each participant spoke

about songs in music therapy having an impact on the larger culture of their treatment facility. Bernadette and Loren both mentioned that songs can change how staff perceive the individuals they care for, toward seeing them as more able, active people. Melanie spoke about the population in her facility being a “culture of their own” regarding song preferences. Theresa went as far as to say that songs “change this whole building” when staff know and sing them. If songs are influencing a facility’s culture, then it must be a concern of music therapists to ensure that songs are promoting a *culture of ability* as opposed to a culture of stigmatization that has pervaded much of past and present society. This goes hand in hand with another collective theme: Clients demonstrate their abilities and strengths through songs. Music therapists can choose and tailor songs to bring out clients’ abilities and successes, which may have a significant impact on their facility’s culture.

As Theresa mentioned, sometimes adults who have developmental disabilities request children’s songs in music therapy. These songs can be important in assessing and treating a client in their developmental level. However, children’s songs may have the effect of stigmatizing adults with developmental disabilities if other clients, staff, or families are not aware of the song’s role in the individual’s developmental music therapy. In these situations it may be necessary to educate staff and families on the role of these songs. Also, if other clients are not able to understand why an adult individual might request a children’s song, it may be necessary to modify group memberships to include that individual with clients who are able to understand, or are at similar places in their own development. Beginning individual services with the client in focus may be another way of addressing this concern.

Another possibly new perspective on the role of songs comes through the collective theme: changing elements within songs may validate a client's unique and present being.

"Changing elements" may refer to using a client's name in a song, as illustrated by Loren:

The other thing that I have found to be enormously important with this population, with songs, is the repetition of their name. Because for some people who are so profoundly involved, they, might not recognize words....But they can totally recognize their name....you're kind of, bringing the person to be more involved with you through that.

Melanie referred to other musical changes to songs:

It goes straight to the epitome of music therapy, meeting the client. So, if we're in a moving mood, and that's the song that the client needs or wants to have in that moment then I'm going to play it with a little more energy.... Sometimes it needs to be fast, sometimes it needs to be slow, sometimes I need to end it with a minor chord.

These changes, initiated by therapist or client, take the song from a familiar place in the client's memories, and bring it, as Melanie stated above, "in that moment." Songs may validate a client's actions, mood, or simply a client's being in the moment. These small changes to the established song are ways that music therapists can bring the attention of the individual or group into what Yalom (2005) termed the here-and-now.

The present study seems to have found some answers to the research question: What is the role of songs in music therapy with adults who have developmental disabilities? These four music therapists told their stories of song as a dynamic and multifaceted element within their practices. Clinicians, staff and students working with adults who have developmental disabilities are encouraged to compare these results and interpretations with their own findings. Certainly, the "role of songs" is nothing to be framed and nailed on a wall. In itself it will continue to change with time, with music, and with people.

### **Additional Considerations**

Additionally, a few of the participants mentioned unique song interventions that warrant pointing out. Loren spoke about combining song with touch:

With this particular population...I think that touching people is very important.... Because a lot of times, the only time that they get touched is to have a medical examination, or to be, diapered, dressed, or bathed....We sing a song that's familiar so that we can have that connection and that, structure of the song. And, we use touch at the same time, anything from, deep pressure, [something] that the OT suggests...

Loren's description demonstrates a potential role of song in facilitating therapeutic relationships and connections. Considering the profound impairments of Loren's clients, this intervention is a multisensory way of reaching someone, providing them with humanistic, compassionate care. Another unique intervention that came up was Melanie's use of song as distraction from physical pain when co-treating with physical and occupational therapists:

When they get him [the client] out of his wheelchair to stand up, he gets very, very upset. So that's when I will use that preferred song for him, because it's a distraction from the physical discomfort that he's probably experiencing.

This is a distinctive illustration of the role of familiar songs in comfort and safety. The interventions above exemplify music therapists recognizing a unique area of need, addressing it through the role of song.

### **Limitations**

The clearest limitation of this study is that by interviewing music therapists, I had indirect access to the experiences of music therapy clients. The information on the clients' experiences is shaped by the perceptions of the four music therapist interviewees. Future studies may consider ethical and practical ways to directly gather the experiences of clients, such as interviewing clients who are able to comprehend the ethical boundaries and conceptual material of the research, or utilizing clinical video recordings to analyze the role of songs in action.

The necessity of Skype and telephone interviews was a strength, in that interviews were possible with participants from far away, but also a limitation, due to occasionally low call quality and lesser availability of nonverbal communication. Future studies may consider conducting interviews at regional, national, or international music therapy conferences, to have access to a diversity of music therapists while maintaining the ability to conduct in-person interviews.

### **Future Directions**

Despite the study's initial intentions, the results do not cover much ground in the psychological realm of music therapy with adults who have developmental disabilities. The results do address developmental needs, which cannot be totally separated from psychological needs. However, future studies may shed light on adults who are dually diagnosed with a developmental disability and a mental illness. Perspectives from the present study may provide a foundation with which to compare songs' role with dually diagnosed clients.

The same can be said about this study not covering much ground on the spiritual or transpersonal dimensions in music therapy with this population. Spirituality showed itself in small gleanings, such as when Melanie spoke about clients singing the song Jesus Loves Me, or an individual "religiously" singing God Bless America, however deeper discussions on this topic did not occur. Future studies may wish to investigate how adults who have developmental disabilities perceive and express their spirituality in music therapy. Music therapists are in the unique position to validate clients' spiritual lives, which could play a crucial role in many individuals' overall health.

Finally, future studies may wish to expand or deepen the present research by conducting musical analyses on songs, compositions, or improvisations in music therapy with adults who



have developmental disabilities. Since many individuals in this population are nonverbal, musical analysis has an exaggerated importance in music therapy assessment and treatment. Researchers may want to investigate using Aigen's (2009) application of schema theory or develop their own method of musical analysis.

### **Conclusion**

This phenomenological research study set out to examine the role of songs in music therapy with adults who have developmental disabilities. The findings substantiate the role of songs in the pursuit of developmental growth in adults in this population. The participants conveyed experiences of songs having significance in clients' stability of self, interpersonal relationships, here-and-now engagement, and integration into a greater culture where they can be seen and valued for their abilities.

To the reader: For a moment, ponder the role songs may have in your own life. Savor the richness, the emotion, the energy that songs can introduce to life. These qualities are just as precious to an adult who may have a developmental difference, and if their access to music or songs is in any way limited, what a gift it is that music therapists might bridge their way.

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*Appendix A*

## Informed Consent Form



1000 Hempstead Ave., PO Box 5002, Rockville Centre, NY 11571-5002  
www.molloy.edu

**Informed Consent Form for Interviewees****Researcher:**

Gregory Razzano  
Molloy College  
1000 Hempstead Ave.  
Rockville Centre, NY 11571  
518-698-2169  
grazzano@lions.molloy.edu

**Advisor:**

Barbara Wheeler, PhD, MT-BC  
Adjunct Instructor, Music Therapy  
barbara.wheeler@louisville.edu

**Title of Study:**

The Role of Songs in Music Therapy with Adults Who Have Developmental Disabilities

**This informed consent form has two parts:**

- **Information Sheet**
- **Certificate of Consent**

**Part 1: Information Sheet****Introduction**

I am a master's level graduate student in music therapy at Molloy College. I am inviting you to participate in a study I am conducting on songs and their role in music therapy with adults who have developmental disabilities. You do not have to decide today whether you would like to participate, and may feel free to talk to anyone you like about the research. If you need any further explanation of the research components after reading this form, please feel free to contact me directly.



### **Purpose of the research**

Adults with developmental disabilities have diverse needs that are addressed in music therapy. I would like to investigate how songs, commonly used in music therapy, play a role in these individuals' lives and treatment. The intent is to discover ways that songs already have great meaning in the lives of these individuals, and find ways that songs can be used for this purpose in the future.

### **Type of research intervention**

You are being asked to participate in a one-on-one, open-ended interview about the role of songs in music therapy with adults with developmental disabilities.

### **Participant selection**

You are being invited to participate because, as a music therapist who works with adults with developmental disabilities, you are able to speak on the role of songs from the standpoint of having a therapeutic relationship with your clients.

Participants also need to fulfill these criteria:

- Have at least 5 years experience working as a music therapist with adults with developmental disabilities,
- Use songs in your practice in any way (re-creative, improvisational, receptive, compositional),
- Have a master's degree in music therapy

### **Voluntary participation**

Your participation in this study is entirely voluntary. There will be no consequences for choosing not to participate, and you may also change your mind later without consequence.

### **Procedure**

I will conduct the interview with you in the setting of the most comfort and convenience to you. Should we be too far apart to have a face-to-face interview, the interview may be conducted over the telephone, or via video chat software, like Skype or Google Hangout. You will be allowed to answer the questions as freely as possible. If you do not wish to answer a particular question, you may let me know, and we will move on. Also, you do not have to share any information you are uncomfortable sharing. No one else beside the interviewer (myself) will be present unless you would like someone to accompany you. The interviews will be audio recorded, and no one will be identified by name on the recording. ***Please do not include the names, dates of birth, or diagnoses of your clients in your responses.*** The interview material and audio recordings will be kept confidential, and only myself and the advisor will have access to this data. The audio recordings will be deleted after two years from the date of the interview.

The interview will begin with an icebreaker question, asking you to speak generally to your work in music therapy with adults with developmental disabilities. We will then proceed to the central focus: What is the role of songs in music therapy with adults with developmental disabilities? You will be allowed to develop your response as freely as you like. I may ask further follow-up questions for more detail.

After the interview is completed, I will transcribe it, and allow you the opportunity to confirm your responses. This will be done via e-mail, 4-5 days after the interview. You may feel free to correct or clarify any of the contents of your interview.

Lastly, a later e-mail will ask you to confirm the essences, or key points derived from your interview. Again, you will be freely allowed to correct or clarify these essences.

### **Duration**

The interviews will take place over the course of 3 months, from January through March 2015. In that span, we will set up 1 interview appointment at a convenient time for you that will last about 1 hour. The 2 later e-mails asking for your corrections or clarifications will take about 20 to 40 minutes each.

### **Risks**

There are no risks associated with this research process. If, for any reason you do not feel comfortable with any part of the interview process, you may let me know and I will do my best to accommodate. To avoid the risk of sharing the personal health information of your clients protected by HIPAA, I ask that you do not refer to any clients by name during the interview.

### **Confidentiality**

Your participation in this research will remain confidential. Your name will be changed in the final report, and no personally identifying information will be included. The name and location of your workplace will *not* be included in the final report.

### **Benefits**

There will be no direct benefit to you by participating in this research. I believe that the perspectives gained from this process will benefit the music therapy profession, and the adults with developmental disabilities that they serve.

### **Sharing the results**

You will receive a copy of the final report when the analysis is complete and conclusions are drawn. The study will be included in the thesis directory at Molloy College, and may be adapted for broader publication in music therapy journals at a later date.

**Contact**

Please feel free to contact me, the researcher, via the information I provided on the first page of this form if you have any questions or concerns at all. You may also contact my thesis faculty advisor, whose information is also on page 1 of this form.

This proposal has been approved by the Molloy College Institutional Review Board (IRB), a committee whose purpose is to review research involving human subjects, ensuring participants are protected from harm. If you wish to find out more about the Molloy College IRB, please contact:

*Kathleen Maurer Smith, PhD*

*Co-chair, Molloy College Institutional Review Board*

*1000 Hempstead Ave.*

*Rockville Centre, NY 11571*

*(516) 323-3653*

**Part 2: Certificate of Consent**

I have been invited to participate in an interview as part of a research study on the role of songs in music therapy with adults with developmental disabilities. I have read the information above, and have been given the opportunity to ask questions. Any questions I asked have been answered to my satisfaction. I voluntarily consent to be a participant in this study.

**Participant name, printed:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
(electronic signature accepted)

**Date:** \_\_\_\_\_  
month/day/year

## *Appendix B*

### Sample Individual Transcript Examination Process: Theresa

#### **Structural Meaning Units**

Structural meaning units were built from the overt, surface meaning of the participant's statements (McFerran & Grocke, 2007). When determining what the structural meaning of a statement was, I asked the question: What is the participant physically talking about in this statement? The structural meaning unit titles are centered, underlined, and boldfaced in the heading, while underneath are the key statements that comprise them. These statements are quoted from the interview transcript, with page numbers referenced. Two of Theresa's structural meaning units are displayed here: Songwriting and lyric substitution, and improvisation.

#### **Songwriting & Lyric Substitution**

- Probably use the blues way too much [laughing] but I use a lot of blues, and that's like a very structured thing I think is helpful I have one client that loves to songwrite over that, and just improvise. (4-5)
- In here, I mean I'll use, I have one client, he loves this one song, and I really don't feel like I'm equipped to re-create this 90s rap song in the way that he wants to hear it, so we listen to it on the iPhone, at least, mostly every session, and then we do more singing songwriting, and we bring back songs. He's one I really write songs with and then bring it back, the next session. And he's become very attached to the songs we've written. I have one client that won't come to music anymore, but she'll come back and start singing songs that we wrote years ago in music therapy [laughing]. And she'd go [imitating client singing, low energy] "every day I'm tired, every day I'm tired" we had a song called Every Day I'm Tired, cus she just "I'm too tired teacher, I don't wanna sing today." And so we set a song about being tired, and now when she sees me, sometimes she'll just go, it's evolved but now it's like [imitating client singing, more energy and inflection] "every day I'm tired, every day I'm tired." (6)
- Yeah, songwriting is big, and like I said, songs that are appropriate for their age group. (6-7)
- I remember we did If You're Happy And You Know It, I used to do a lot more kids songs with them, like when I started out, and I think I've evolved a little bit past it. One day she just kind of started, lyric substitution and she went [imitates client singing] "If you're happy and you know it dye your hair." [Laughs] (12)
- but she's very comfortable in pre-composed music, probably because it's predictable. But she's learned to take words, and like, put them in a song. So like, one client always wants to talk about chocolate donuts, and she loves Frere Jacques, too, so I started to sing [sings] "chocolate donut" and I'll, the other client brought that back, too, so it's like they're seeing what I do with other

people and they know “hey, you sing that song for so-and-so.” And they, it sort of becomes part of their [laughing] identity in the group, of like, “we should sing that, you know, cus so-and-so wants it” not cus they want it, you know [laughing]? (12)

- But yeah, the lyric substitution is one, she can get, a little, all over the place with that, but, you know we learned to talk about, singing about going to CVS, picking out the hair dye, you know? Going back to the house, putting it on your head. And then singing step-by-step story song type of thing. (12-13)

### **Improvisation**

- Probably use the blues way too much [laughing] but I use a lot of blues, and that’s like a very structured thing I think is helpful I have one client that loves to songwrite over that, and just improvise. (4-5)
- I think so. You know, depending on, the type of song, I think that, almost the familiarity, of it. And you know what it is a lot of people here are autistic, or they’re just not good with change, so if you can bring in some kind of structure, and then change little things, that can really help. You know, like, I’ll play it really fast this time, maybe we’ll change the words, you know some people, that’s harder to deal with, not so much here but I’ve had that experience where it’s like you sing it as written, and that’s it [laughs]. So, I think having both the songs and the improvisation is helpful. And then bringing that in, bringing a song into an improvisation, like, kind of blurring the lines between the two (15-16)

### **Experienced Meaning Units**

Now that the structural meanings had been identified, I began to determine what the significant underlying experiences were (McFerran & Grocke, 2007). Experienced meaning units took the form of direct quotes from the participant’s interview that I subjectively viewed as evoking a high level of significance. This could happen a number of ways, such as if a statement brought up strong imagery, was a profound and summative statement, or if the participant spoke it with great passion, indicated by nonverbal means. The experienced meaning unit below, written in bold and italics, was found to be a profound and summative statement that brought up the imagery of a person attaching to a song. Below, I list other statements, from various parts of the interview, that evoke a similar concept of someone becoming attached to a song by some means.

*He's become very attached to the songs we've written*

- In here, I mean I'll use, I have one client, he loves this one song, and I really don't feel like I'm equipped to re-create this 90s rap song in the way that he wants to hear it, so we listen to it on the iPhone, at least, mostly every session, and then we do more singing songwriting, and we bring back songs. He's one I really write songs with and then bring it back, the next session. And he's become very attached to the songs we've written. I have one client that won't come to music anymore, but she'll come back and start singing songs that we wrote years ago in music therapy [laughing]. And she'd go [imitating client singing, low energy] 'every day I'm tired, every day I'm tired' we had a song called Every Day I'm Tired, cus she just 'I'm too tired teacher, I don't wanna sing today.' And so we set a song about being tired, and now when she sees me, sometimes she'll just go, it's evolved but now it's like [imitating client singing, more energy and inflection] 'every day I'm tired, every day I'm tired.' (6)
- But she, they remember it, and they bring it up again, it's almost like an inside joke, like hey remember when we made up that song? (6)
- But, that one, she likes that Stay With Me song, and, that's a different person, and I think that's been kind of, a role in the music. And it does create a memory, for when they come back in here, I think. (14)
- Well I think they know, they know it's her song. (14)
- And also what really tripped me out was when staff would see me and they'd be like [singing] "hello, hello" they would like sing to me, you know? And it sort of became this [agency name] theme, it was so funny. (15)
- So he'll be like "we should sing Old Macdonald to [client name]" he almost wants to sing it to him. Now, that guy's a lot more social obviously, just naturally. But, for the other client to have that experience, from a peer, where I guess it's not so forced. There's a lot of forced interaction, I think, with good intention, you know, cus we have like a morning group, and "say hi to this person" and you know what I do it, too, where you kind of force it a little bit, but you know, it's nice when you create situations where that can happen and, he associated Old Macdonald with him. And he wants to sing it for the sake of that person, which I think is pretty cool (19)
- Yeah, so I think songs, especially pre-composed songs really attach themselves to memories. (20)

This next experienced meaning unit below was given special significance by Theresa's voice inflection, and seemed to be the essence of her concept of *natural* socialization through songs. Below are additional statements that back up the experience that songs can invoke natural, unforced social interaction.

***For the other client to have that experience from a peer, where it's not so forced***

- But yeah, it's mostly, I usually I do the hello and goodbye song, you know, if appropriate, most of the time it is, and it's do a lot of peer identification, and, trying to help them shake hands and acknowledge each other, meet each other a little bit, and kind of bond in a different way. (5)
- You can tell she gets, there's a little bit of pride beaming from the staff, and she feels that, and I think that's a nice bonding experience more than anything, not in like the "hey, good job" thing, I mean they'll say good job, but I know some people are like, no, but, as long as it's natural and you really mean it. [Laughs] (14)
- So when they have something good like that happen, and everyone's watching them I think that that's, and important experience for them. And then they remember that and they can bring that back into music each week. And then, you know sometimes it can be tough for the one on one staff to bring the clients down, and they don't always want to come to music, and I'm dealing with some people that don't want to be here working in a program setting they want to be in residence doing whatever they want. [Breathes in] So, it's helpful when they know, oh, they really love that song, they want to sing that song, and they advocate for that person "they really want to sing that song, can we do that next?" you know, so that's a cool part of (.) it kind of becomes its own animal. (15)
- So he'll be like "we should sing Old Macdonald to [client name]" he almost wants to sing it to him. Now, that guy's a lot more social obviously, just naturally. But, for the other client to have that experience, from a peer, where I guess it's not so forced. There's a lot of forced interaction, I think, with good intention, you know, cus we have like a morning group, and "say hi to this person" and you know what I do it, too, where you kind of force it a little bit, but you know, it's nice when you create situations where that can happen and, he associated Old Macdonald with him. And he wants to sing it for the sake of that person, which I think is pretty cool (19)

The other experienced meaning units derived from Theresa's interview were:

***They have some satisfaction over seeing their [peer's] reaction to the song.***

***It was able to transform the energy.***

***The familiarity comforts them in an unfamiliar situation.***

***Being able to create herself, within a song.***

***They're the guest and you want them to be on the train before you get out of the station.***

***To find that way for him to have his own voice apart from me, individually.***

The experienced meaning units above seemed to exhaust the central underlying meanings of Theresa's interview. Other experienced meaning units were tried out, however they may have

excessively overlapped with the previously established ones, or they didn't maintain a high level of significance, subjectively speaking. To create Theresa's individual distilled essence, I formed the experienced meaning units into the narrative below, inserting other quotes from the interview for context.

### **Theresa's Individual Distilled Essence**

Clients become very attached to songs we've written. They remember them, bring them up again, almost like an inside joke, like "hey, remember when we made up that song?" Being able to create oneself in a song, like taking words and putting them in a song, it becomes part of their identity in the group. Songs, especially pre-composed songs, really attach themselves to memories.

I've been taking songs where I sing, you sing, or reflect what the client does to find a way for them to have their own voice apart from me, individually. It is so important, for the client to be able to sing or play independently, apart from you, not just always with you. What some songs do really well is they have space and rest, where clients are an integral part of the song and without their part, it doesn't make sense. At the same time, clients need animation and excitement in songs, like tension, and waiting, because they're the guest, and you want them to be on the train before you get out of the station.

I do a lot of peer identification, trying to help them shake hands and acknowledge each other, meet each other and bond in a different way. For clients to have that experience from a peer, where it's not so forced. Clients begin to associate songs with their peers, they'll be like, "oh, sing this for so-and-so." They know their peer likes it, and they have some satisfaction over seeing their peer's reaction to a song. They want to sing it for the sake of that person.

Songs are able to transform the energy of a situation, to the point where we can engage. I had an experience where the ability to sway to a song helped calm a situation where a client was hitting and had to be taken out of the group. I have one client who won't come to music anymore, but she'll start singing songs we wrote years ago. She'd go [low energy] "Every day I'm tired, every day I'm tired" and it's evolved, now it's like [higher energy and inflection] "Every day I'm tired, every day I'm tired." Also, what really tripped me out was when staff would see me, they would sing to me. It sort of became this agency theme, it does change the place, it changes this whole building.

Familiarity comforts clients in an uncomfortable situation. Some clients bring in kids songs. One client, she's very comfortable in pre-composed music, probably because it's predictable. A lot of people here are autistic, or they're just not good with change, so if you can bring in some kind of structure, and change little things, it can really help.